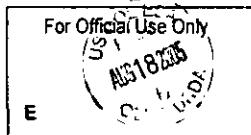


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.




READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11043</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing.  Name <u>Joseph B Powell</u>  P.O. Box, Bldg., Room No., if any  Street <u>1874 Tavern Ct.</u>  City <u>Alpine</u>  State <u>California</u> ZIP Code + 4 <u>91901</u>	4. Name, file number, and address of labor organization.  Name <u>Sheet Metal Workers Int. Local 206</u>  Labor Organization File Number <u>026-049</u>  P.O. Box, Building and Room Number, if any  Street <u>4594 Mission Gorge Place</u>  City <u>San Diego</u>  State <u>California</u> ZIP Code + 4 <u>92120</u>
5. Position in labor organization. <u>Business Manager/Financial Secretary</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u></u>	On <u>8/10/2005</u> Date	<u>619-659-2178</u> Telephone Number

Name of Person Filing Joseph Powell	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Sheet Metal JATC of San Diego</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4596 Mission Gorge Pl.</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92120</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employee's name.</p> <p>Name Sheet Metal Workers Int. Local 206</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4596 Mission Gorge Pl.</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92120</p>	<p>11.a. Nature of such dealing.</p> <p>Trustee Regional JATC Apprenticeship Contest</p>
	<p>11.b. Approximate dollar value of such dealing. \$428</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Income received was a direct reimbursement for expenses occurred. Therefore there was no income.</p>
	<p>12.b. Amount. \$0</p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Joseph Powell

File Number U-

Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Building Trades Corporation I, II</p> <p>Trade Name, if any: National City Parks Apartments</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2323 "D" Ave.</p> <p>City National City</p> <p>State California ZIP Code + 4 91950</p>	<p>9. Business deals with</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Building Trades Corporation I, II</p> <p>Trade Name, if any: National City Park Apartments</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2323 "D" Ave.</p> <p>City National City</p> <p>State California ZIP Code + 4 91950</p>	<p>11.a. Nature of such dealing.</p> <p>Board Member</p> <p>Annual dinner for Board Members</p>
	<p>11.b. Approximate dollar value of such dealing. \$235</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Both my wife and I attended Tammy Powell</p> <p>12.b. Amount. \$235</p>

Name of Person Filing Joseph Powell

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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Sheet Metal Workers' Health Plan</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 111 North Sepulveda Blvd. Suite 100</p> <p>City Manhattan Beach</p> <p>State California ZIP Code + 4 90267-6861</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employee's name.</p> <p>Name Sheet Metal Workers' Health Plan</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 111 North Sepulveda Blvd. Suite 100</p> <p>City Manhattan Beach</p> <p>State California ZIP Code + 4 90267-6861</p>	<p>11.a. Nature of such dealing.</p> <p>Trustee</p> <p>1st quarter Board meeting</p>
	<p>11.b. Approximate dollar value of such dealing. \$226</p>
	<p>12.a. Nature of interest held or income received.</p> <p>all income was direct reimbursement of expenses.</p> <p>12.b. Amount. \$0</p>

Name of Person Filing Joseph Powell	File Number U-
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**Part B Continuation Page**

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	<p>11.b. Approximate dollar value of such dealing. \$213</p>
	<p>12.a. Nature of interest held or income received.</p> <p>all income was direct reimbursement of expenses</p> <p>12.b. Amount. \$0</p>

Name of Person Filing Joseph Powell

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Sheet Metal Workers' Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 111 Sepulveda Blvd. Suite 100

City Manhattan Beach

State California ZIP Code + 4 90267-6861

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employee's name.

Name Sheet Metal Workers' Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 111 Sepulveda Blvd. Suite 100

City Manhattan Beach

State California ZIP Code + 4 90267-6861

11.a. Nature of such dealing.

Trustee

3rd quarter Board Meeting

11.b. Approximate dollar value of such dealing.

\$982

12.a. Nature of interest held or income received.

all income was direct reimbursement of expenses

12.b. Amount.

\$0

Name of Person Filing Joseph Powell

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Part B Continuation Page

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Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 111 Sepulveda Blvd. Suite 100

City Manhattan Beach

State California ZIP Code + 4 90267-6861

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employee's name.

Name Sheet Metal Workers' Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

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City Manhattan Beach

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11.a. Nature of such dealing.

Trustee

4th Quarter Board meeting

11.b. Approximate dollar value of such dealing.

\$105

12.a. Nature of interest held or income received.

all income was direct reimbursement of expenses

12.b. Amount.

\$0

Name of Person Filing Joseph Powell

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Part B Continuation Page

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Name Sheet Metal Workers' Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 111 Sepulveda Blvd. Suite 100

City

State ZIP Code + 4 90267-6861

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employee's name.

Name Sheet Metal Workers' Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 111 Sepulveda Blvd. Suite 100

City Manhattan Beach

State California ZIP Code + 4 90267-6861

11.a. Nature of such dealing.

Trustee

International Foundation Meeting  
Trustee Training

11.b. Approximate dollar value of such dealing. \$2,458

12.a. Nature of interest held or income received.

all income was direct reimbursement of expenses

12.b. Amount. \$0